

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

11012

PLACE OF DEATH *7122*County *Muhlenberg Co Ky*Vol. No. *Bremen Ky*Inc. Town *Bremen Ky*

City (No. St. Ward)

File No.

Registered No. *50*

(If death occurred in a hospital or institution, give its name instead of street and number.)

FULL NAME *Jacob Wiley Humphrey*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Married</i>
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6 DATE OF BIRTH *Sept 12, 1873*
(Month) (Day) (Year)7 AGE *38* yrs. *7* mos. *8* ds. If LESS than 1 day... hrs. or... min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work... *Merchant*
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) *Muhlenberg Co Ky*10 NAME OF FATHER *Geo. J. Humphrey*11 BIRTHPLACE OF FATHER (State or county) *Muhlenberg Co. Ky*12 MAIDEN NAME OF MOTHER *Caroline Dawson*13 BIRTHPLACE OF MOTHER (State or country) *Somewhere in Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *R. W. Gish*(Address) *Bremen Ky*15 Filed *April 21, 1912* *McGinnis*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *April 20, 1912*
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *March 15, 1912*, to *April 10, 1912*, that I last saw him alive on *April 20, 1912*, and that death occurred, on the date stated above, at *2 P.* The CAUSE OF DEATH* was as follows:*Pulmonary Tuberculosis**About* (Duration) *2* yrs. *6* mos. ds.

Contributory (Occupation) (Duration) yrs. mos. ds.

(Signed) *H. B. Threlkeld*, M. D., *Apr 21, 1912* (Address) *Bremen Ky*

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(18) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Shrews Chapel* DATE OF BURIAL *April 21, 1912*20 UNDERTAKER *B. Stewart* ADDRESS *Bremen Ky*

U. S. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.